

Davenport Noon Optimist Club

PO Box 514, Davenport, IA 52802

Funding Application



Name of Organization: _____

Is this your first application to this funder? Yes No

If no, provide previous grant info: Year: Amount: Project

Project Title: _____ Is this a new project? Yes No

Amount Requested: _____ Total cost of project: _____

NOTE: For requests over \$1,000 please arrange for a presentation to our Club. Contact Program Coordinator on our Home page.
In 20 words or less describe how the grant is to be utilized:

Description of Project: _____

Amount of Annual Operating Budget: _____ **Fiscal Year:** _____
Major Funding Sources: _____

Board of Trustees: _____

Additional information / Mission Statement: _____

Signature of Executive Director: _____ **Signature of Board President:** _____

NOTE: Requests are accepted from 1 October to 31 August each year. Reviewed monthly.

Contact Person & Title: _____

Mailing Address: _____

Phone: () _____ **Fax:** () _____ **E-mail:** _____